



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date April 14, 1978	1. Agency Address Ga. Dept. of Human Resources/ Div. of Physical Health/ Family Health Services Section/ W.I.C. Office 618 Ponce de Leon Avenue, N.E. Atlanta, Georgia 30306	Application Number 78-85	
Application Number DHR-12		Date Received APR 19 1978	Date Completed MAY - 4 1978
2. Person to Contact Willene Smith		Working Title Administrative Officer	Telephone Number 894-4391
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1977	5. Records Series Title (followed by title used in office; if different) <i>Women, Infants and Children Program</i> W.I.C. Nutrition Education Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Family Health Services Section, under the leadership of the director, is responsible for promoting and coordinating family health programs as provided by the State and DHR. The programs include: Maternal/Child Health (family planning, perinatal, crippled children, child health, and services to women, infants, and children [WIC]); Chronic Disease (disease prevention, patient services, and health care education); Communicable Disease (T.B., S.T.B., epidemiology, and immunization); and programs for pharmacy, nursing, nutrition, and dental services. WIC Program provides consultation and training to, and program monitoring of, WIC programs operated by each health district; prepares all contracts with food stores which are used by the district health offices to supply certain food to eligible clients as determined by county health departments; processes district health offices' claims for reimbursement for payments made to the food store; and prepares the required Federal reports for this Federally			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): <u>funded program</u> Attach samples of the file. Documents relating to: developing training seminars and workshops for DHR-WIC personnel State-wide. District plans for WIC program, correspondence relating to WIC program, Included are: resource materials and guidelines for administering the WIC program, such as lists of audiovisual and print materials available, approved WIC food lists; and food package guidelines which gives nutrition requirements for meeting regulations of the WIC program. Form 3285 (Rev. 12-77) [draft for testing] (WIC Certification for Infants and Children) which shows client information: name, address, phone, birthdate, sex, ethnic origin, if eligible for free or reduced cost medical care; whether client is nutritional risk (and criteria for assessing the need for WIC-low birth weight, premature, abnormal head circumference, infectious disease or chronic disease affecting nutritional status, iron deficiency, underweight for height or age, overweight for height, abnormal pattern of weight gain or loss, clinical manifestations of malnutrition File is arranged: alphabetically by subject. [milk tolerance, poor dietary pattern, eligible or ineligible, terminated and reason, date of certification]			
8. Monthly Reference Rate How often are records referred to which are: [signature and title of certifier. One to six months old <u>1-2</u> ; Seven to twelve months old <u>1-2</u> ; Thirteen to twenty-four months old <u>rare</u> Twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>1</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? District Plans will be included in Director
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? [Family Health]
	X	f. Is the information contained in this series ever published? If yes, attach copy. [each Dec. 81]
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 1 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Federal Fiscal year _____ then, September 30

- | | |
|---|---|
| <input checked="" type="checkbox"/> Hold in the current files area _____ month(s) 1 year(s); then | remove District Plans [not yet [available]; |
| <input type="checkbox"/> Transfer to local holding area; hold _____ year(s); then | |
| <input type="checkbox"/> Transfer to State Records Center; hold _____ year(s); then | transfer to Family Health |
| <input type="checkbox"/> Destroy. | Director's Subject to be included |
| <input type="checkbox"/> Transfer to State Archives for permanent retention. | in records transferred to State |
| <input type="checkbox"/> Other (Specify) | Archives; destroy all other materials. |

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Willene Smith	4-12-78	Elizabeth W. Crank, C.R.M.	4/3/78
State Records Committee (Signature) _____ Date _____			
State Auditor/Designee	_____	_____	5-3-78
Secretary of State/Designee	_____	_____	5-2-78
Attorney General/Designee	_____	_____	5-3-78

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)